

**Interim Designation of Agent to Receive Notification  
of Claimed Infringement**

**Full Legal Name of Service Provider:** Clark University

**Alternative Name(s) of Service Provider (including all names under which the service provider is doing business):** \_\_\_\_\_

**Address of Service Provider:** 950 Main St., Worcester, MA 01610

**Name of Agent Designated to Receive  
Notification of Claimed Infringement:** Cathy Smith

**Full Address of Designated Agent to which Notification Should be Sent** (a P.O. Box or similar designation is not acceptable except where it is the only address that can be used in the geographic location):  
950 Main St., Worcester, MA 01610

**Telephone Number of Designated Agent:** 508.793.7731

**Facsimile Number of Designated Agent:** 508.793.8834

**Email Address of Designated Agent:** copyright@clarku.edu

**Signature of Officer or Representative of the Designating Service Provider:**  
\_\_\_\_\_  
**Date:** 12-DEC-2002

**Typed or Printed Name and Title:** \_\_\_\_\_  
Cathy Smith, Vice President for Information Technology & CIO

**Note: This Interim Designation Must be Accompanied by a \$30 Filing Fee  
Made Payable to the Register of Copyrights.**

**RECEIVED**

DEC 23 2002

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